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CONFIRMATION NO. 9913

SERIAL NUMBER 09/837,797	FILING OR 371(c) DATE 04/17/2001 RULE	CLASS 424	GROUP ART UNIT 1645	ATTORNEY DOCKET NO. (18810-81652)
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APPLICANTS

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**** CONTINUING DATA *******

This application is a CIP of 09/374,142 08/11/1999 PAT 6,861,053
 and is a CIP of 09/374,143 08/11/1999 PAT 6,562,629
 and is a CIP of 09/546,119 04/10/2000 PAT 6,558,708
 which is a CIP of 09/420,046 10/18/1999 ABN
 which is a CIP of 09/359,583 07/22/1999 ABN
 which is a CON of 08/832,307 04/03/1997 PAT 5,977,175
 which is a CON of 08/442,843 05/17/1995 ABN

**** FOREIGN APPLICATIONS *******

IF REQUIRED, FOREIGN FILING LICENSE GRANTED SMALL ENTITY ****
**** 06/06/2001**

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	CA	13	45	7
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

ADDRESS

50670

TITLE

METHODS OF DIAGNOSING AND TREATING SMALL INTESTINAL BACTERIAL OVERGROWTH (SIBO) AND SIBO-RELATED CONDITIONS

FILING FEE RECEIVED 1105	<p>FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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